The content of the	IPDR6702				NORTH CAROLINA		P3-0	E: 1	
		07/15/2007		IPRS			PAG	E. 1	
				Ci					
MATERIAL		1			FINANCIAL PAYER: NCDMH				
MATERIAL								TOTAL.	TOTAL
144901						TNC	TOTAL		CLAIMS
NOTICES	NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
DEFENSIVE OF NEW CLASS - NEW	3404901		8535	3	SERVICE PACTITY LOCATION WAS				
	3101301		0333	-					
Marchest 1996-200 151					PLEASE RESUBMIT THE CLAIM WITH				
Marchest 1996-200 151									
144441 1444			8505	1		0	4	41	37
MARCH MARC									
MARCH MARC									
100 101	3404904		3411	1174					
1412 1412 1413 1414		DS LME							
10 10 10 10 10 10 10 10			3412	440		0	2015	3952	1937
1.1 3.4 CLIMIT BOT RESIDENCE OF SERVICE									
144410 DATE					BENEFII SERVICES ON OR AFIER D				
144913			11	304	CLIENT NOT ELIGIBLE ON SERVICE				
11 13 CLIDAT NOT RELIGIBLE ON SERVICE 2 359					DATE				
11 33 CLIEDT NOT RELIGIBLE ON SERVICE 2 355									
11 33 CLIEDT NOT RELIGIBLE ON SERVICE 2 355	3404910	DATUMAYO	5308	158	PRIOR AUTHORIZED UNITS EXCEEDE				
	-	- ALDRAIS			D				
	-		11	0.2	GLITHIN MOTE BUILDING ON THE COLUMN				
			11	0.3		2	359	4732	4372
1454912 OLIGINAR CONTYNE 1559 1			5404	37					
NOTAL REALT NOTAL REALT					OV/PCODE/TOS/DOS/MOD				
NOTAL REALT NOTAL REALT									
SIGNATI PACAGES.	3404912	CATAWBA COUNTYM	8599	5	DETAIL NOT COVERED BY COMBINAT				
		ENTAL HEALT							
					BENEFIT PACKAGE.				
S. OCCURRENCES FOR AND			8645	3	CLAIM DENIED MAXIMUM ALLOWED 2	0	14	856	842
ASOSSBOALS BRINA OUTSTROUGH HUM 11 2 CLIENT BOT ELIGIBLE ON SERVICE DATE CALIN DERIED DUE TO INSUFFICIE STORY HEALT						-			
MATE					PAID, PA IS REQUIRED.				
MATE			11	9	CLIENT MOT PLICIBLE ON SERVICE				
NT BURGET									
NT BURGET									
DITAL HEALT									
	3404913		8505	4346					
RICE THIS CLAIM DETAIL RICE THIS SERVICE IS NOT PAYABLE TO ROW ROUGHNITHED BILLING ROW ROUGHNINTED BILLI		ENTAL HEALT							
RICE THIS CLAIM DETAIL RICE THIS SERVICE IS NOT PAYABLE TO ROW ROUGHNITHED BILLING ROW ROUGHNINTED BILLI									
			8000	198		0	5445	7546	2101
Add					RICE THIS CLAIM DETAIL				
VIORAL HEAL			21	198	DUPLICATE OF CLAIM-SYSTEM				
VIORAL HEAL									
VIORAL HEAL									
VIORAL HEAL	3404916	CROSSROADS BPHA	0	0	*** NO DATA TO REPORT ***				
	-								
AN SERVICES									
AN SERVICES			0	0					
AN SERVICES				•		0	0	0	0
AN SERVICES									
AN SERVICES DATE DA	3404917	CENTERPOINT HUM	11	33					
NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE 143 6 CLERT ID NUMBER NOT ON STATE ELIGIBILITY FILE 3404919 GUILFORD CO MEN 8505 810 CLAIM DENIED DUE TO INSUFFICIE TAL HEALTHC 79 84 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT					DATE				
NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE 143 6 CLERT ID NUMBER NOT ON STATE ELIGIBILITY FILE 3404919 GUILFORD CO MEN 8505 810 CLAIM DENIED DUE TO INSUFFICIE TAL HEALTHC 79 84 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT									
NITHOUT PRIOR APPROVAL. PLEASE CORRECT THE 143 6 CLERT ID NUMBER NOT ON STATE ELIGIBILITY FILE 3404919 GUILFORD CO MEN 8505 810 CLAIM DENIED DUE TO INSUFFICIE TAL HEALTHC 79 84 THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT			8654	12	ONLY 16 UNITS ALLOWED PER DAY	n	60	2606	2546
143 6 CLIENT ID NUMBER NOT ON STATE					WITHOUT PRIOR		30		
Added to the state of the state					APPROVAL. PLEASE CORRECT THE				
Added to the state of the state			143	6	CLIENT ID NUMBER NOT ON STATE				
TAL HEALTHC NT BUDGET THE SERVICE IS NOT PAYABLE TO 0 1055 YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT									
TAL HEALTHC NT BUDGET THE SERVICE IS NOT PAYABLE TO 0 1055 YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT									
TAL HEALTHC NT BUDGET THE SERVICE IS NOT PAYABLE TO 0 1055 YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	2404010		0505	010	GLAIM DENIED DUE TO INCURRIGIE				
79 84 THIS SERVICE IS NOT PAYABLE TO 0 1055 YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMMINATION IS NOT	3404919		0005	010					
YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT		IAL HEALTHC							
YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN 8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT									
PROVIDER TYPE AND SPECIALTY IN ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT			79	84		0	1055	4420	3365
8536 77 ATTENDING PROVIDER TYPE AND SP ECIALTY COMMINATION IS NOT									
ECIALTY COMBINATION IS NOT					PROVIDER TYPE AND SPECIALTY IN				
ECIALTY COMBINATION IS NOT			8536	77	ATTENDING PROVIDER TYPE AND SP				
WALTE BOD COUNTY OF THE PERSON					ECIALTY COMBINATION IS NOT				
VALID FOR SUBMITTED BILLING PK					VALID FOR SUBMITTED BILLING PR				
			<u> </u>						

							TOTAL	TOTA *
PROVIDER	+	HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	DROUTDER NAME	EOBS	DENIALS	DESCRIPTION		DENIALS		
	PROVIDER NAME				DENIALS	DENIMIN	FINALIZED	PAID
404920	ALAMANCE CASWEL	21	140	DUPLICATE OF CLAIM-SYSTEM				
	L AREA MH D							
		8622	58	60 RESIDENTIAL LEVEL II TREATM	1	359	1386	1027
				ENT RECEIVED, PA IS REQUIRED				
				FOR ADDITIONAL SERVICE.				
		5404	56	SEVERE DUPLICATE: SAME ATTD PR				
				OV/PCODE/TOS/DOS/MOD				
3404921		5312	1721	PRIOR AUTHORIZED DOLLARS EXCEE				
3101921	ORANGE PERSON C	3312	1721	DED				
	HATHAM AREA			DED				
		143	32	CLIENT ID NUMBER NOT ON STATE	0	1884	3577	169
				ELIGIBILITY FILE		1001	3311	103.
		120	29	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404922	THE DURHAM CENT	11	28	CLIENT NOT ELIGIBLE ON SERVICE				
	ER			DATE				
	1	21	13	DUPLICATE OF CLAIM-SYSTEM			<u> </u>	
	1	41	2.3	DOTHICALE OF CHAIM-SISIEM	0	41	44	-
	1		-					-
	1		-					-
3404923	PILE COUNTY MY	8505	83	CLAIM DENIED DUE TO INSUFFICIE				
3101323	FIVE COUNTY MH	0303	0.5	NT BUDGET				
				NI BODOLI				
		11	25	CLIENT NOT ELIGIBLE ON SERVICE	0	159	1488	1329
				DATE				
		120	14	CLIENT ID NUMBER MISSING OR IN				
				VALID. ENTER CID AND SUBMIT				
				AS A NEW CLAIM				
3404925	SANDHILLS CENTE	8505	1155	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	180	FURTHER PROCESSING NECESSARY,	1	1798	3460	1662
				PLEASE CHECK FOR CLAIM ON				
				FUTURE RA'S.				
		**	1.61					
		11	161	CLIENT NOT ELIGIBLE ON SERVICE DATE				
				DATE				
3404926		21	821	DUPLICATE OF CLAIM-SYSTEM				
3101320	SOUTHEASTERN RE	**	022	DOLLICALD OF CLIMAN DIDILIN				
	G MENTAL HL	1	+					
	+	1	-					
	i contract of the contract of							
		8536	92	ATTENDING PROVIDER TYPE AND SP	2	1046	3020	100
		8536	92	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT	2	1046	3030	1984
		8536	92		2	1046	3030	1984
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	2	1046	3030	1984
		8536 8599	92	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT	2	1046	3030	1984
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	1046	3030	1984
				ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT	2	1046	3030	1984
		8599	32	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2	1046	3030	1984
3404927	CUMBERLAND CO M			ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT	2	1046	3030	1984
3404927	CUMBERLAND CO M	8599	32	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENRPIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	1046	3030	1984
3404927		8599	32	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT	2	1046	3030	1984
3404927		8599	32	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2			
3404927		8599	32	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENRPIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND	2	1046		
3404927		8599	32	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	2			
3404927		8599	32	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
3404927		8599 8599 21	32 176	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	0			
3404927		8599	32	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE	2			
3404927		8599 8599 21	32 176	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENNEIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM	2			
3404927		8599 8599 21	32 176	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE	0			
	HC	8599 8599 21	32 176 26	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0			
3404927	HC	8599 8599 21	32 176	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE	0			
	HC	8599 8599 21	32 176 26	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT TON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F	0			
	HC	8599 8599 21	32 176 26	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0			
	HC	8599 8599 21	32 176 26	ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID,	0	276	5546	5271
	HC	8599 8599 21 11	32 176 26 21	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR BETAIL NOT COVERED BY COMBINAT DON OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. BUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE, VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT	0		5546	527
	HC	8599 8599 21 11	32 176 26 21	ECIALTY COMENDATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	276	5546	527
	HC	8599 8599 21 11	32 176 26 21	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND	0	276	5546	5271
	HC	8599 8599 21 11	32 176 26 21	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERTIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIERT, PROVIDER AND	0	276	5546	5271
	HC	8599 8599 21 11	32 176 26 21 21	ECIALTY COMENTATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT DON OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE. DIPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID. DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECEPTENT, PROVIDER AND BENEFIT PACKAGE.	0	276	5546	527(
	HC	8599 8599 21 11	32 176 26 21 21	ECIALTY COMENNATION IS NOT VALID FOR SUBMITTED BILLING PR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. DUPLICATE OF CLAIM-SYSTEM CLIENT NOT ELIGIBLE ON SERVICE DATE DIAGNOSIS OR SERVICE INVALID F GR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE. 60 RESIDENTIAL LEVEL II TREATM	0	276	5546	527

							TOTAL	TOTAL
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	CLAIMS	CLAIMS
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404931	WAKE CO HUM SVC	21	30	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8599	30	DETAIL NOT COVERED BY COMBINAT	2	89	681	592
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		191	5	CLIENT ID NUMBER DOES NOT MATC				
				H PATIENT NAME				
3404933	SOUTHEASTERN CT	8505	2	CLAIM DENIED DUE TO INSUFFICIE				
	R FOR MH/DD			NT BUDGET				
		8800	1	FURTHER PROCESSING NECESSARY,	0	3	5	
				PLEASE CHECK FOR CLAIM ON	0	3		-
				FUTURE RA'S.				
3404934		8535	182	SERVICE FACILITY LOCATION WAS				
3101931	ONSLOW CARTERET BEHAV HEAL	0333	202	NOT SUBMITTED ON THIS CLAIM.				
				PLEASE RESUBMIT THE CLAIM WITH				
		11	145	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	557	1420	863
		 						
		8536	81	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT				
				VALID FOR SUBMITTED BILLING PR				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR	+	-					
		1						
		0	0		0	0	0	(
3404936	THE BEACON CENT	0	0	*** NO DATA TO REPORT ***				
	ER							
		0	0					,
			_		0	0	0	,
3404937	THE BEACON CENT	8599	15	DETAIL NOT COVERED BY COMBINAT				
	ER			ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		21	8	DUPLICATE OF CLAIM-SYSTEM	0	34	5668	5634
		8000	3	NO RATE AVAILABLE ON FILE TO P				
				RICE THIS CLAIM DETAIL				
3404939	EAST CAROLINA B	23	4	SERVICE REQUIRES PRIOR APPROVA				
	EHAVIORAL H			L				
		0	0		0	4	6	2
3404941		0	0	*** NO DATA TO REPORT ***				
3101311	EAST CAROLINA B EHAVIORAL H			NO DATA TO MILONY				
		0	0					
		0			0	0	0	(
		1						
3404942	EAST CAROLINA B	0	0	*** NO DATA TO REPORT ***				
	EHAVIORAL H		-					
		0	0		0	0	0	(
		1						
3404943	ALREMARIE MENTS	11	51	CLIENT NOT ELIGIBLE ON SERVICE				
	ALBEMARLE MENTA L HEALTH CE	1		DATE				
		191	20	CLIENT ID NUMBER DOES NOT MATC		4.0-	4 60 7 7	
				H PATIENT NAME	3	102	1766	1664
		0564		CPRUICE PYCERDS THE SYLOMESTIC				
	+	8564	0	SERVICE EXCEEDS THE ALLOWABLE OF ONE OCCURRENCE WITHIN AN				
		1	-	ELIGIBILITY PERIOD.				
3404944	EASTPOINTE HUMA	191	4	CLIENT ID NUMBER DOES NOT MATC				
	N SERVICES	 	-	H PATIENT NAME				
		8599	4	DETAIL NOT COVERED BY COMBINAT	0	13	1842	1829
				ION OF RECIPIENT, PROVIDER AND				i
				BENEFIT PACKAGE.				

	8564	2	SERVICE EXCEEDS THE ALLOWABLE		
			OF ONE OCCURRENCE WITHIN AN		
			ELIGIBILITY PERIOD.		